

CIP/PCI NATIONAL/PLAINT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONSDECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED ADAPTIVE THERMAL CONTROL OF LITHOGRAPHIC CHEMICAL PROCESSES

the specification of which (CHECK applicable BOX(ES))
 X A. ☒ is attached hereto.
 BOX(ES) → B. ☐ was filed on _____ as U.S. Application No. _____ /
 → C. ☐ was filed as PCT International Application No. PCT/ _____ / _____ on _____

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. Except as noted below, I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)

Number	Country	Day/MONTH/Year Filed	Date first Laid-open or Published	Date Patented or Granted	Priority NOT Claimed
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If more prior foreign applications, X box at bottom and continue on attached page.

Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)

Application No. (series code/serial no.)	Day/MONTH/Year Filed	Status	Priority NOT Claimed
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Winthrop LLP, Intellectual Property Group, telephone number (703) 905-2000 (to whom all communications are to be directed), and persons of that firm who are associated with USPTO Customer No. 909 (see below label) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete from that Customer No. names of persons no longer with their firm, to add new persons of their firm to that Customer No., and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or an attorney of that firm in writing to the contrary.

USE ONLY FOR
PILLSBURY WINTHROP

00909

(Customer No. for communications)

(1) INVENTOR'S SIGNATURE: 

Date: SEPT 9, 2003

Name	Cassandra	M	OWEN
First	Middle Initial	Family Name	
Residence	CHANDLER	AZ	USA
City	State/Foreign Country	Country of Citizenship	
Mailing Address	222 SOUTH SYCAMORE PLACE		
(include Zip Code)	CHANDLER, AZ 85224		

(2) INVENTOR'S SIGNATURE:

Date:

Name	Wim	TEL
First	Middle Initial	Family Name
Residence		
City	State/Foreign Country	Country of Citizenship
Mailing Address		
(include Zip Code)		

☒ FOR ADDITIONAL INVENTORS see attached page.

☐ See additional foreign priorities on attached page (incorporated herein by reference).

Atty. Dkt. No. P304252

(M#)

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PW
FORM

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and (if applicable to U.S. or PCT application) was amended on _____
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PRIOR FOREIGN APPLICATION(S) Number	Country	Day/MONTH/Year Filed	Date first Laid- open or Published	Date Patented or Granted	Priority NOT Claimed
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PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S) Application No. (series code/serial no.)	Day/MONTH/Year Filed	Status pending, abandoned, patented	Priority NOT Claimed
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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USE ONLY FOR
PILLSBURY WINTHROP

00909

(Customer No. for communications)

(1) INVENTOR'S SIGNATURE:

Date:

Name	Cassandra	OWENS
First	Middle Initial	Family Name
Residence	City	State/Foreign Country
Mailing Address	Country of Citizenship	
(include Zip Code)		

(2) INVENTOR'S SIGNATURE:

Date:

10-sep-2003

Name	Wim	T	TEL
First	Middle Initial	Family Name	
Residence	HELMOND	NETHERLANDS	NETHERLANDS
City	State/Foreign Country	Country of Citizenship	
Mailing Address	SCHAARSBERGENDREEF 5		
(include Zip Code)	5209 RZ HELMOND, THE NETHERLANDS		

☒ FOR ADDITIONAL INVENTORS see attached page.

☐ See additional foreign priorities on attached page (incorporated herein by reference).

Atty. Dkt. No. P304252

(M#)

(continued)

ADDITIONAL INVENTORS:

(3) INVENTOR'S SIGNATURE:

Date:

10th. September 2003

Stephan		Ewald	SINKWITZ
First		Middle Initial	Family Name
Residence	Solingen	Germany	Germany
City		State/Foreign Country	Country of Citizenship
Mailing Address	Widdeter Strasse 53		
(include Zip Code)	42657 Solingen		

(4) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			

(5) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			

(6) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			

(7) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			

(8) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			

(9) INVENTOR'S SIGNATURE:

Date:

First		Middle Initial	Family Name
Residence			
City		State/Foreign Country	Country of Citizenship
Mailing Address			
(include Zip Code)			